Rest Avallable Cobà

PATENT APPLICATION FEE DETERMINATION RECOR									09/965669					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTIT						
TOTAL CLAIMS							RA	TÉ	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5		X\$	X\$ 9=		OR	X\$18=	91		
INDEPENDENT CLAIMS			<i>3</i> minus 3 =		•		X40=			OR	: X80=	. 10		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				.405				+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR				
1.104.)										OTHER	THAN			
V	(Column 1) (Column 2) (Column 3							ALL	ENTITY.	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	IEST BER OUSLY FOR	PRESENT EXTRA	: PA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 21	Minus	-2	<i>'5</i>	•0	X\$ 9-		/	OR	X\$18=			
	Independent	. 3	Minus	***	3	= 0	X4	X40=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)E_		•	+270=			
								35= OTAL		OR	TOTAL	86-6		
(Column 1) (Column 2) (Column 3)									ADDIT, FEE					
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	MR 2) HEST BER OUSLY FOR	PRESENT EXTRA	RA	ΤĖ	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••	•	=	X\$	9=	* * * * *	OR	X\$18=			
	Independent	•	Minus .	***	<u>:</u>	. =		0=		OR	X80≐ ⊹			
	FIRST PRESENTATION OF M		JLTIPLE DEPENDENT		CLAIM					OH	ASA (1)			
								15= OTAL	in anding	OR.	+270= 101AL			
: .										OR	ADDIT. FEE	And Surger ha		
	(Column 1) (Column 2) (Column 3)									i Leik				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PRÉVI	BER OUSLY FOR	PRESENT	ŘÁ	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		= . V A	X\$	9=		OR.	X\$18=	1.5		
	Independent		Minus			=	X4	0=		OR	X80=			
>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									٠.	+270=	Same Same		
<i>j</i> .	f the entry in colu	mn 1 is less than t	he entry in colu	mn 2, writ	o Tin co	lumn 3.	+13	DTAL		OR:	TOTAL	A ANGELIA		
, ee	If the "Highest Nu	mber Previously P	ald For IN THI ald For IN TH	S SPACE	is less thats less that	in 20, enter "20 in 3, enter "3."	ADDIT	FEE	STATE OF STATE	OR	ADDIT. FEE			
01	The Highest Nun	ber Previously Pa	id For (Total o	r Independ	lent) is the	yighest urup	er lound in	ine ap	buobusta po	K III OC	AUTIN 123			